Under the Paperwork F	Reduction Act of 1995, no	persons are required to resp	and to a collection of information	ved for use the k Office; U.S	100Uan 7/31/2006	TO/SB/06 (08-0 OMB 0651-003 OF COMMERC
PATEN	IT APPLICATION Substitu	TION RECORD	Appli	Application or Dicket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY						R THAN
500			OWNEE ENTITY	OR	SMAL	L ENTITY
BASICFEE	NUMBER FILED	NUMBER EXTRA	RATE FEE		RATE	FEE
(37 CFR 1.16(a)) TOTAL CLAIMS	<u> </u>			OR	•	1861
(37 CFR 1.16(c))	<b>38</b> minus 20 :	18	X \$ =		\	221
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3	0	X \$ =	OR OR	X \$=	329
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$=	OR	+, =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	OR	TOTAL	1194
CLAIM	S AS AMENDED -	PART II				1101
	olumn 1)	(Column 2) (Column 3)	SMALL ENTITY	OR	OTHER SMALL	
7/ / RE	MAINING AFTER P	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA	RATE ADDI- TIONAL		RATE	ADDI:
Told AME  Told (37.6FR 1.16(e))  Independent (37.6FR 1.16(b))	26 Minus "	PAID FOR	X S =	-		FEE
Z Independent	Minus "	3 0	X s =	OR OR	X 5	
FIRST PRESENTATION (	+ \$=	OR	+ 5 =			
)			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	-
		(Column 2) (Column 3)				
REM.	AINING N TER PR	IIGHEST IUMBER PRESENT EVIOUSLY EXTRA AID FOR	RATE ADDI- TIONAL		RATE	ADDI- TIONAL
Total (37 CFR 1,16(c))	Minus **	= -	FEE	† }		FEE
Independent (37 CFR 1,16(b))	Minus ***	=	X \$=	OR	× \$=	
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CL	=	OR	X 1 = '		
<del></del>		74W (57 C/ K 1.10(0))	+ \$_ =   TOTAL	1	+ \$	
			ADD'L FEE		TOTAL ADD'L FEE	
(Colum		olumn 2) (Cólumn 3)			. ا	
CLAI REMAI AFTI AMENDI	NING NU	SHEST MBER PRESENT MOUSLY EXTRA	RATE ADDI- TIONAL		RATE	ADDI- TIONAL
Total * (37 CFR 1,16(c))	Minus **	=	FEE	•		FEE
Independent (37 CFR 1.16(b))	Minus	=	X \$=	OR X	\$=	
FIRST PRESENTATION OF M	IULTIPLE DEPENDENT OF A	X \$=	OR X	\$=		
	The control of A	(37 GER 1.10(0))	+ \$ = . TOTAL	OR +	\$ = DTAL	
If the entry in column 1 is to If the "Highest Number Pre		nn 2, write "0" in column 3. SPACE is less than 20, ent- SPACE is less than 3, enter	ADD'L FEE		DO'L FEE	
The "Highest Number Previ	Ously Paid For TO THIS	SPACE is less than 3, enter	"3"  number found in the appropriate  to obtain or retain a benefit by	box in columi	n 1.	

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1 14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.